



Optimum

Personalised private medical insurance for companies with 250 employees or more



For employer use only. Not for use with employees.

Benefits applicable to schemes with a start or renewal date of on or after 1 April 2023.

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Welcome to **Aviva**

Welcome to Aviva

| Choosing your cover

| What's included?

| Added value services and further options



Why Aviva?

We are the UK's leading Savings, Retirement, Savings and Insurance business helping 18.5 million customers across our core markets of the UK, Ireland and Canada to make the most out of life, plan for the future and have the confidence that if things go wrong we'll be there to put things right.

Aviva Health UK is part of the Aviva group. We combine financial strength and corporate efficiency with in-depth clinical expertise. The result is an innovative, flexible approach to healthcare that you can rely on.

It takes Aviva to help you look after the health of your employees

Clinical excellence is in our DNA

We have a number of clinicians working for Aviva and their clinical expertise helps to inform every aspect of our work.

We use our clinical knowledge to develop and shape our products and services. And that goes for everything from innovating and creating a proposition to pricing a product or analysing its benefits, and from monitoring our claims process to managing our relationships with hospitals and specialists.

We believe it's our clinical excellence combined with everything else you'd expect from a major insurance company that means our healthcare offering is the right proposition for you.

Defaqto 5 Star Rating



Defaqto has given Optimum its highest rating, 5 Stars, meaning it provides one of the highest quality offerings on the market.

How Optimum works

The most important assets of your business aren't the piles of computers.

Or the suites or office furniture. Or the fleets of company vehicles. It's the people – including you – who matter most.

Designed to pay for private medical treatment, Optimum aims to get your employees on the road to recovery and back to work as soon as possible.

With larger companies, one size doesn't fit all. That's why we offer a bespoke, flexible solution to companies who want to cover 250 or more employees.

We believe everyone should have access to the right treatment, at the right time, at the right price. That's our goal – and we believe that's what you want too.

Benefits of Optimum

Employers

- ✓ Optimum lets you choose the most appropriate benefits for your employees.
- ✓ Having the ability to tailor your policy means you can provide the cover you need in a cost-effective way.
- ✓ Our independent clinical case management service for musculoskeletal conditions, BacktoBetter, and other policy benefits contribute to getting your employees back to health and back to work faster.

Employees

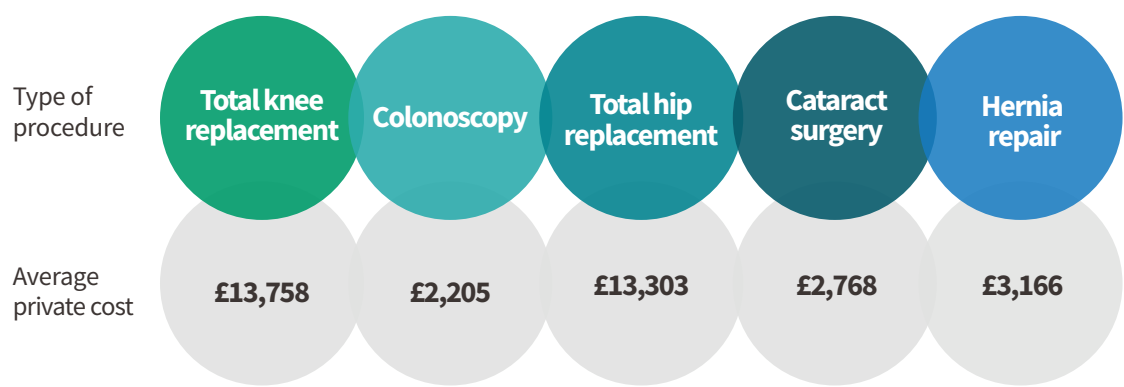
- ✓ Members will have access to eligible private medical diagnostic tests and treatment.
- ✓ Appointments for members at over 200 private hospitals across the country.
- ✓ MyAviva brings together the elements that help your employees protect their health, loved ones, future and possessions in one secure and easy-to-use online place.

The cost of not having private medical insurance

Without private medical insurance, your employees could face lengthy waiting times if they suffer illness or injury.

If they choose to go private without insurance, they could also face considerable financial expense.

The table below gives some examples of the average cost your employees could face if they decide to fund their own private treatment.



Source: prices taken from research conducted by Aviva into self-pay costs across the four, largest hospital groups in the UK. September 2022.

Choosing your cover

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A tailored plan to fit your business

When we say Optimum is a bespoke product, we really mean it.

You decide what is and what isn't included. You can choose different benefits for different categories of employees. You can even choose different hospital lists for different levels of staff. That means your company can have exactly the cover you need but you will only pay for the cover you want.

With access to the right private medical treatment, your employees (and their family, if included on the policy) can get the treatment they need, when they need it. For your employees, we aim to help them safely return to work as soon as they can.

How we manage costs

We proactively manage costs throughout the life of your policy without compromising the quality of private care. Our clinical expertise informs every aspect of our work – from monitoring our claims process to managing our relationships with hospitals and specialists.

Greater efficiency with our claims management system

- ✓ A claims fund is set for the contract year, so you'll know exactly how much you'll pay.
- ✓ No additional premium will be payable (except for membership changes).
- ✓ We'll be liable for claims in excess of the claims fund.

BacktoBetter – helping members return to work faster

- ✓ Provides the right treatment for back, neck, muscle and joint pain, otherwise known as musculoskeletal conditions.
- ✓ As your employees don't need to have a GP referral they could be seen quicker, helping to keep costs down and potentially getting them back to work faster.

Keeping your healthcare scheme sustainable

- ✓ With medical advances happening all the time, we're always evaluating fees and challenging our supply chain providers – doctors, hospitals, specialists – to make sure we're offering the right treatment at the right costs.
- ✓ This approach helps us secure the best possible outcome for your employees; contain costs and keep your premiums down year on year.

Networks

- ✓ We're continually developing our networks of specialists, other practitioners and facilities to help manage costs and drive a consistent quality of care.
- ✓ If we have an appropriate network, we'll tell your employees where they can have their treatment and we'll only pay for that treatment if it's carried out within our networks.
- ✓ Our networks may include hospitals or other facilities that aren't on your chosen list. If you choose the Extended hospital list or if you've made networks optional, members can still benefit from our networks, but can also use any hospital on their list.

Choosing the right cover for your company

We'll help you shape your Optimum policy

Your healthcare policy should not only meet your immediate needs but also be capable of adapting to your changing plans.

We'll help you set up your Optimum policy and support you with regular management information on how the scheme is performing.

We know that costs can be a priority, so we've designed Optimum to be sustainable year on year and we'll work with you to deliver value for money. And, if you use financial advisers to arrange corporate benefits, we'll be happy to work alongside them to set up your healthcare policy.

Limits to cover

With any private medical insurance, there can be some limits to the cover provided. As Optimum is bespoke, we'll work with you to help you decide exactly what limits you'd like to include in your policy. We'll show these in the policy wording.

You can reduce costs further

Member excess

- ✓ You can add an excess to your policy. For example, with a £100 excess, members would be responsible for paying the first £100 of any eligible costs incurred.
- ✓ This would only apply once to each member, every policy year.

Optimum referral

- ✓ With an open referral approach, we'll use our clinical knowledge and independent quality data to signpost your employees to an appropriate treatment provider.
- ✓ This allows us to manage your costs reflected in our two-year pricing arrangements.

Reduced out-patient cover

- ✓ You can limit the amount and extent of out-patient cover.

Six-week option

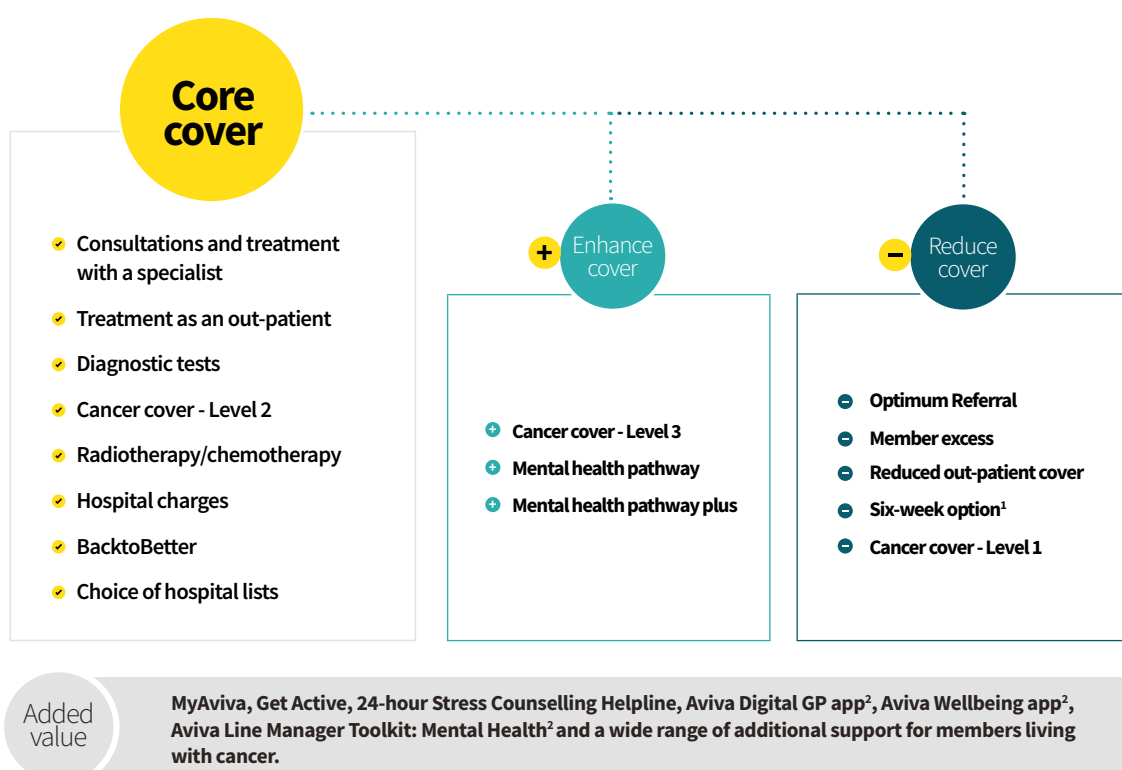
- ✓ Under this option, your members would have the benefit of private out-patient consultations and treatment regardless of NHS waiting times.
- ✓ However, there would be no cover under the policy if they were referred for in-patient or day-patient treatment (including accident or emergency admissions) and the NHS waiting time was less than six weeks from the date their specialist recommends it.

The core package

This example shows the benefits that businesses commonly put into place as a minimum level of cover.

We'd like to help you take advantage of a policy specifically created to suit your needs, so your cover may differ from this example.

This is a summary of benefits. You can find the full list of standard definitions, benefit terms, conditions and exclusions, including all limits, in the policy wording. Please ask us for a copy. Non-standard terms may apply, and we do need an application form.



¹The six week option is not available in the Channel Islands or Isle of Man.

²These services are non-contractual benefits Aviva could change or withdraw at any time.

Common exclusions

As Optimum offers bespoke private medical insurance, you can choose exactly what you'd like to cover and what you'd like to exclude from your policy. The cover you choose will affect the premiums you pay.

Some of the most common exclusions are:

- any musculoskeletal treatment not pre-authorised by us
- cosmetic treatment (except following an accident or surgery for cancer)
- experimental treatment (limited benefit may be available – please contact us)
- infertility treatment
- kidney dialysis
- long-term or chronic conditions
- routine medical examinations
- alcoholism, alcohol misuse, solvent misuse, drug misuse and other addictive conditions
- psychiatric, psycho-geriatric and mental health conditions of any kind
- varicose veins in the leg, unless they meet the criteria detailed in the policy wording
- self-inflicted injury
- sexual dysfunction
- sleep disorders and sleep problems, such as snoring and sleep apnoea
- sports related injuries – if a member is paid or personally funded/sponsored
- surgical or medical appliances such as neurostimulators (for example, cochlear implants) and crutches
- take home drugs and dressings
- prescription charges
- treatment for lipoedema
- treatment for pregnancy and childbirth, but we do cover related conditions that can also be experienced outside of pregnancy and childbirth
- treatment outside of networks (for any condition or suspected condition that we have a network for except if you have the Extended hospital list or you've chosen to make networks optional)
- treatment required as a result of a war, terrorism, contamination by radioactivity, biological or chemical agents
- treatment undertaken without GP referral to a specialist
- treatment with providers (such as specialists, practitioners or at hospitals and facilities) that are not recognised by us.

This is a summary of benefits. You can find the full list of standard definitions, benefit terms, conditions and exclusions, including all limits, in the policy wording. Please ask us for a copy. Non-standard terms may apply, and we do need an application form.

What's included?

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BacktoBetter

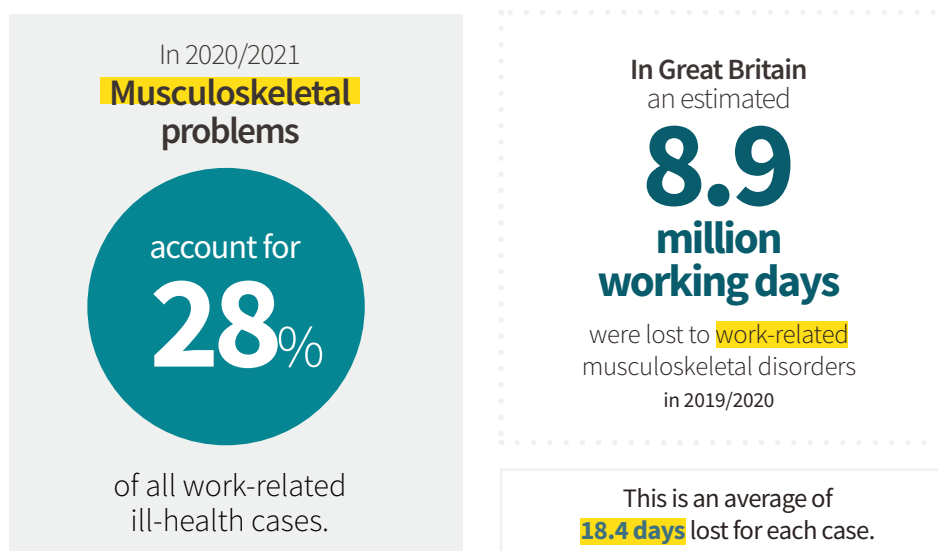
Musculoskeletal injury

Musculoskeletal (MSK) injuries are a leading cost and cause of spend in health claims – they're also a leading cause and cost of absence.

It's not always easy to work out exactly what's wrong or what to do about it. The challenge is to make quality clinical services easily available when they are needed.

Tackling the problem head on

BacktoBetter introduces clinical decisions at the start of the claims journey, which makes sure we only fund appropriate and effective interventions. This means a well-managed claims spend, a positive impact on absence levels and a better outcome for your employees. This service is provided by a range of third party providers.



Source: Work related musculoskeletal disorders in Great Britain (WRMSDs), November 2021. Contains public sector information published by the Health and Safety Executive and licensed under the Open Government Licence.

So, you can see why we believe MSK conditions are one of the biggest health challenges facing employers today.

What are musculoskeletal conditions?

Musculoskeletal conditions are any conditions relating to back, neck, muscle or joint pain, also commonly referred to as orthopaedic conditions.

BacktoBetter can help

BacktoBetter is a service that could help members recover faster, which means you can keep your productivity levels up. And because BacktoBetter intervenes quickly and only recommends appropriate treatment, it helps keep your claims spend down.

- ✓ BacktoBetter offers access to a qualified clinician who can help members deal with the pain of a musculoskeletal injury.
- ✓ Your members get the right treatment at the right time, which could lead to a faster recovery.
- ✓ There's no need to see a GP.
- ✓ It's a service that aims to deliver best clinical practice no matter how complicated the problem is.
- ✓ Choice of access options – either by telephone or end-to-end virtual support through BacktoBetter Digital if preferred.
- ✓ When appropriate, we'll help members get access to a conveniently located physiotherapist approved by one of the independent clinical providers.
- ✓ Plus, any physiotherapy treatment members receive through BacktoBetter won't be affected by any chosen out-patient limits or applicable excess.

Mental health pathway

As we're all unique, with individual needs, we believe mental health treatment should be tailored to your personal requirements.

That's why we've introduced a clinical results-driven approach to mental health treatment.

The mental health pathway lets us tailor the support your employees receive – making sure their treatment is guided by clinical need. It provides a clinical outcome-driven approach to managing mental health treatment.

Members aged 11 and under are unable to use the mental health pathway, so they should get a GP referral as normal before contacting the customer service helpline. This service is provided by a third party provider.

Your employees can benefit from:

- ✓ **Self referral** - There's no need to wait to see their GP. They can refer themselves for an assessment with a mental health practitioner.
- ✓ **Clinical treatment determined by front end clinical assessment** - Routing them to appropriate treatment, including direct escalation to specialist assessment and in-day patient treatment if required.
- ✓ **Cover based on clinical need** - Treatment continues as clinically appropriate, reducing delays in treatment for talking therapies and unnecessary admission to in-patient care. No excess or out-patient limits apply (if chosen).
- ✓ **Simple claim process** - They only need to contact our claims team once. Their treatment is then overseen by the independent clinical provider – leaving them to focus on getting better.
- ✓ **Range of treatment options** - Online cognitive behavioural therapy (CBT), remote talking therapies, face-to-face treatment, psychiatrist assessment and in-patient treatment where clinically necessary.
- ✓ **Choice of delivery options** - Remote (phone or video) or face-to-face talking therapies and psychiatrist assessment/treatment.
- ✓ **Wide range of practitioners** - Over 3,000 clinicians including: talking therapists, counsellors, EMDR therapists, practitioner psychologists, and psychiatrists.

Mental health pathway plus

You could choose to include mental health pathway plus, which includes all the benefits of the mental health pathway including:

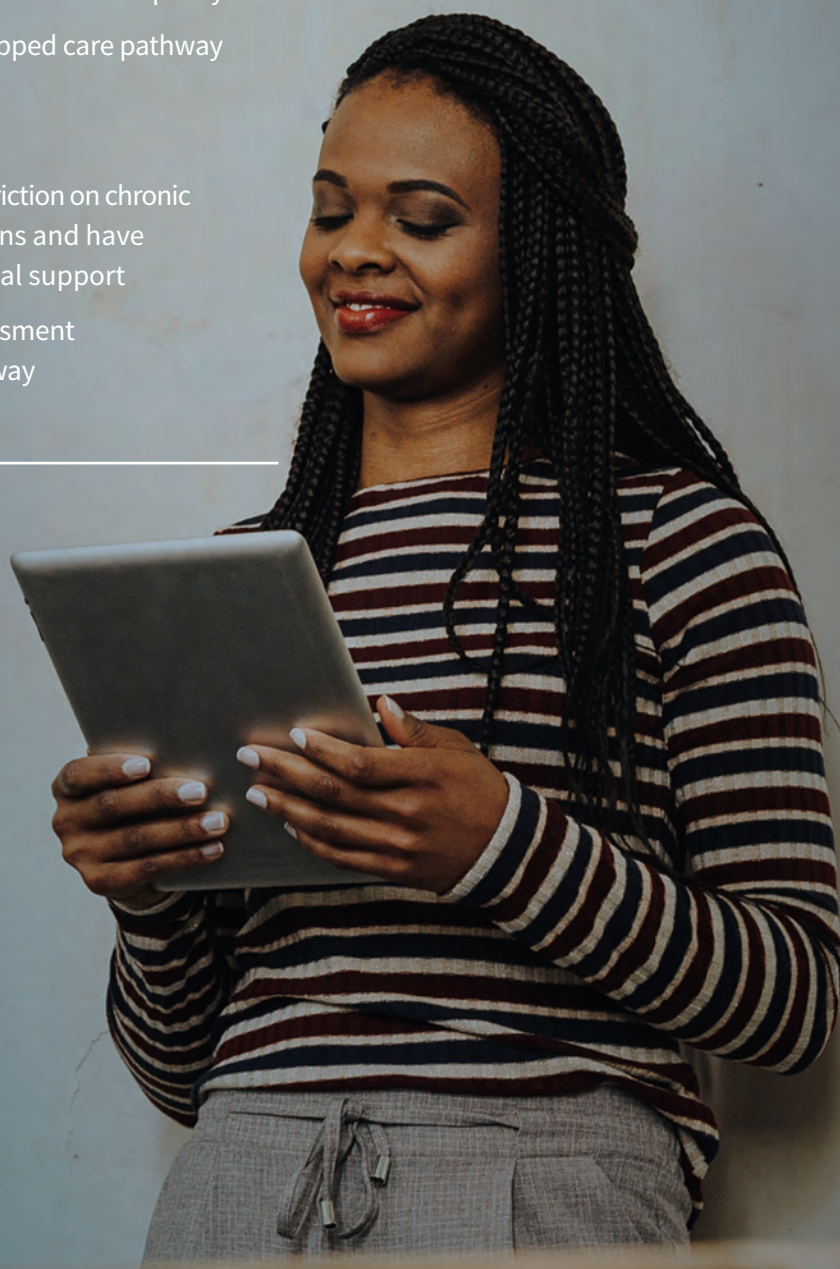
Addictions programme

- ✓ Early access to out-patient support helping members tackle the issue before it impacts their work and home-life
- ✓ In-patient treatment where clinically indicated
- ✓ One programme for the management of addiction will be eligible for the lifetime of the policy
- ✓ Clinically governed, stepped care pathway

Chronic treatment

- ✓ We've removed any restriction on chronic mental health conditions and have provided defined clinical support
- ✓ Front-end clinical assessment and stepped care pathway

This service is provided by a third party provider.



Personal support throughout the cancer journey

We understand that receiving a cancer diagnosis is hard. Your employees may experience a whole host of emotions. They'll need support to make sense of the situation and guidance to help them feel a sense of control.

Living with cancer isn't a linear process. Every day is different. Your employees may experience a range of physical, emotional, and financial concerns, each requiring personalised assistance. That's why our cancer support goes beyond the traditional claims process. We're there every step of the way to help make a time of uncertainty that bit easier.

We want to give any member diagnosed with cancer the personal support they need. We have an experienced and dedicated Cancer Claims Team to guide them every step of the way and provide treatment that is backed by medical research.

We're also committed to ensuring your employees get the right treatment and a high level of aftercare. Our clinicians are there for extra support and guidance.

The policy will include investigations for all members up to the point of diagnosis. Optimum then gives you the flexibility to select from three levels of cancer cover.

Three levels of cover – complemented by a range of additional support

Optimum gives you the flexibility to offer the most appropriate cancer cover for your members based on needs and budget.

Level 3

Providing extensive cover at every stage of the member's treatment, with no limit on targeted therapies or other high-cost treatments. There's also the flexibility to remove high-cost treatments if you'd prefer and your employees will have access to Talking Through Cancer as well as our added-value benefits.

Level 2

Offers comprehensive cover, while helping control costs by limiting exposure to high costs treatments and targeted therapies, treatments and drugs in a maintenance setting. Access to Talking Through Cancer and our added value services are also available.

Level 1

Controls cost further by focusing cover on diagnosis, surgery, chemotherapy, and treatment. This option doesn't include benefit for high-cost treatment and targeted therapies, treatments and drugs in a maintenance setting and limits post-surgical support. Your members will still benefit from Talking Through Cancer and our added-value support services.

Examples of high-cost treatments:

Adoptive cell therapies (for example, CAR-T cell therapy or TIL), ion beam therapy (for example proton beam therapy and carbon ion therapy), irreversible electroporation (IRE) (such as nano-knife treatment) and stem cell and bone marrow transplants.

You can find more details about what's covered under each option in our **Cancer Cover Brochure**.

Whichever level of cancer cover you choose, members will benefit from:

- ✓ Quick access to diagnosis and treatment helping to put their minds at ease
- ✓ An experienced and dedicated Cancer Claims Team to support them every step of the way
- ✓ A range of additional support to help them throughout their cancer journey and beyond.

Additional support for members living with cancer

Getting the right balance is vitally important. It's likely that your employees will already feel overwhelmed. That's why we've made our support simple and easily accessible.

Key components include:

- **Dedicated Cancer Claims Team** – Our Cancer Claims Team are so much more than claims consultants. They're people like you and your employees with families and loved ones. They've been specially chosen for their understanding, patience, and empathy. With training from our qualified medical experts – now including a cancer surgeon, they've an in-depth understanding of what it means to be living with cancer - offering so much more than just paying medical bills.
- **Our Cancer Care Guide** – Developed in partnership with Macmillan Cancer Support, our guide makes it simple for your employees and their loved ones to find information to help make life that bit easier. It's packed full of useful tips to help them every step of the way. And, if they'd like practical support or to talk to one of Macmillan's specialist cancer nurses, there is a helpline number for them to call.
- **Talking Through Cancer** – is on hand to help your group members and their loved ones throughout the cancer journey and beyond. With a thorough knowledge of the different experiences people go through when living with cancer, the dedicated team of specialist cancer therapists will help both your employee and their loved ones work through the emotional ups-and-downs offering compassionate support and practical techniques along the way. They will help your employees feel more in control of the situation, listening and gaining a thorough understanding of their needs, going at their pace - offering the right support, when they need it.
- **Careology*** – At a time when life can feel overwhelming, the Careology app offers a simple way for your members to record and manage information relating to their cancer care. Whether they want to make a note of their questions, thoughts, and feelings, receive reminders to take medication, or keep track of their side effects and symptoms, it holds everything securely in one place - helping them feel a little more in control.
- **Cancer Care with Get Active*** – our Get Active wellbeing offers include savings on products and services that could help make a small difference if your employees or someone close to them is living with cancer. So, whether they're looking to improve their current health and wellbeing, show someone their support, or they just want to feel more like themselves, there's a choice of specially arranged products and services to help.
- **Cancer Care with Aviva Digital GP*** – Aviva Digital GP is there 24/7 for your employees. From talking to a private GP about symptoms that could be linked to a possible cancer diagnosis, to getting swift, convenient, empathetic support for general medical concerns following a diagnosis or during and after treatment – it's there when they need it.

You can find further information about these services in the Cancer Brochure.

* These services are a non-contractual benefit Aviva could change or withdraw at any time

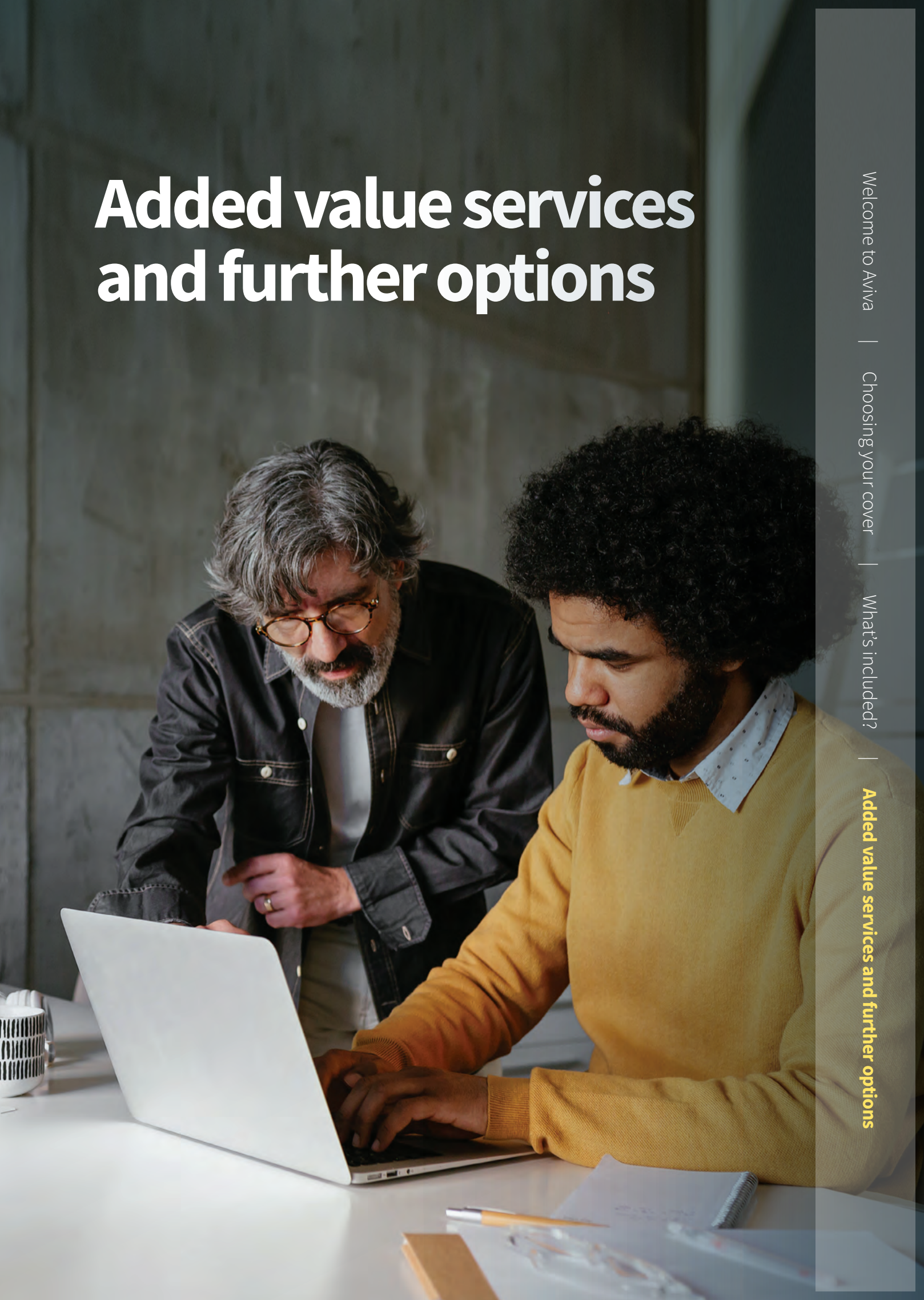
Added value services and further options

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| **Added value services and further options**



Get added value and wellbeing benefits with Optimum

If employees lead healthier lives and feel more appreciated by employers, then a business could see a boost in workforce performance, morale and positivity. We provide members with a range of added value benefits with every Optimum policy to help them stay healthy - physically, mentally and financially.

1

Stress Counselling helpline

If your employees are having difficulty with the demands and expectations they face, it's good for them to talk. They can do this through a secure helpline to trained counsellors, helping them to work through problems and resolve them. Available 24/7.

The service is available to members and their dependents aged 16 or over.

2

Get Active*

We can help your employees stay fit, happy and healthy. Employees can access discounts at over 3,000 health and fitness clubs, as well as great at-home fitness offers and a range of savings on other products and services - all designed to keep them and their families active, healthy and happy. Employees can read the terms and conditions and the privacy policy before signing up.

3

Aviva Digital GP*

Provided by Square Health

The Aviva Digital GP app can give your insured employees and their insured dependents around the clock access to GP video consultations and repeat NHS prescriptions (all NHS England exemptions accepted) at the touch of a button.

Employees can read the terms and conditions and the privacy policy for Aviva Digital GP in-app before signing up. Mobile data charges may apply.

Please note, Aviva Digital GP is available to residents of Great Britain, Northern Ireland, the Channel Islands and the Isle of Man, at home or abroad.

4

Aviva Line Manager Toolkit: Mental Health*

The digital Aviva Line Manager Toolkit: Mental Health consists of video modules, designed by clinicians, which could increase awareness of employee mental wellbeing. It aims to help line managers spot the warning signs of poor mental health, identify reasonable adjustments and manage professional boundaries. It also empowers them to feel more confident in having supportive conversations with team members. This service is available to both insured and uninsured line managers.

Get added value and wellbeing benefits with Optimum continued

5

Aviva Wellbeing*

Whether your employees want to sleep more, stress less, lose weight or get fit, the Aviva Wellbeing app helps them achieve lifelong change - one easy step at the time.

A whole of workforce offering we believe helps employees become happier and healthier, which could lead to:

- increased employee engagement
- improved staff retention levels
- improved productivity
- reduced absenteeism.

All of these could contribute to improvements in the bottom line.

Employees can read the terms and conditions and the privacy policy for Aviva Wellbeing in-app before signing up. Mobile data charges may apply.

For more information on the Wellbeing services available to your clients, visit aviva.co.uk/wellbeing-optimum

7

MyAviva

We know life is busy, so that's why we've developed MyAviva to make things easier for our customers.

Our online portal will help your employees manage all their Aviva policies and schemes in one secure and easy-to-use place.

It puts a whole host of benefits at their fingertips, letting them:

- check their policy or scheme information, including cover and benefit details
- start a new claim or update us on an existing one
- look at their claims summary, update us on what's next and track bills paid against their claim
- keep track of their excess and out-patient benefits (if applicable), helping them stay in control
- live chat directly to one of our claims experts without having to pick up the phone

MyAviva is safe secure and tailored to use on most popular devices. It's available to download from the App Store or Google Play. Mobile data charges may apply.

6

Mental Health articles and videos*

Mental health is important and we want to help when things become too much. If your employees are experiencing stress, anxiety or poor mental health, it can be difficult to get back on track.

Our aim is to help to manage and improve their mental health by providing useful information and support.

* These services are non-contractual benefits Aviva could change or withdraw at any time.

Our claims expertise

Understanding clinical needs

Our in-house clinicians work closely with our claims teams to understand your employees' clinical needs.

Together, they use a process that identifies routine pathways (treatment for things like cataracts) and separates them from the more complex conditions such as mental health conditions, as well as cancer.

And, if it's a more complex case, one of our specialist claims teams will provide case management.

Sensitivity combined with expertise and efficiency

Consistency of service is all the more important for sensitive conditions such as cancer, heart conditions and mental health problems.

We have a bank of clinicians who help us provide case management. Our experienced clinicians understand the complexities of the condition, so members get reassurance and seamless support from one treatment stage to the next.

Independent clinical case management service for musculoskeletal conditions

BacktoBetter offers convenient access to clinical case managers, for any musculoskeletal symptoms.

They'll use their knowledge and experience to determine the most appropriate course of action - whether that be advice on how to self-manage the condition, physiotherapy sessions or an onward referral to a specialist.

With BacktoBetter there's no need to see a GP and members will be assessed and provided with advice, along with a referral for treatment if appropriate.

GP referral

If an employee's GP recommends they need to see a specialist for further assessment or treatment, the GP will give them a referral. This may either be in the form of an open referral or a named referral.

With Optimum, we don't mind which type of referral your employees have, they'll get great service from us either way.

An open referral

The GP just states which type of specialist they need to see or the type of treatment they need, without giving them a specific named specialist.

If a member receives an open referral, our claims team will help them to find a specialist and hospital. In most cases, we'll connect them directly with the hospital to book their appointment over the phone.

A named referral

The GP recommends a particular specialist.

If they receive a named referral, they'll need to ring to check whether we have a network for their condition or suspected condition. If we do, we'll tell them where they can have their treatment. If we don't have a network in place we'll check to make sure the specialist is recognised by us.

Remember, if you've chosen the Extended hospital list, your employees won't have to use our networks. However, even if their GP provides a named referral, we can still offer to find other suitable specialists when they call us, as this may provide more choice and convenience for their particular circumstance.

Payment of bills

All eligible bills will be settled by us directly with the treatment provider. If your employees do receive a bill for their treatment, they'll need to forward it on to us (taking a copy for their records), so we can arrange payment directly with the provider.

Customer service helpline

The customer service helpline is there to help members throughout a claim, with experts who can answer questions and reassure them about the process. The customer service helpline number is given in the member documentation.

Underwriting options

Optimum gives you a choice of underwriting options.

Our standard underwriting option is to disregard medical history. However, we offer other options to help reduce costs or to allow underwriting to continue from a previous insurer.

Full medical underwriting

We consider the past health of members. We may exclude any pre-existing symptoms, conditions or any related or associated condition unless we choose to accept them.

Continued medical exclusions

If you're transferring from an existing fully medically underwritten policy, we'll accept the existing medical exclusions (if any) applied by your previous insurer.

Moratorium underwriting

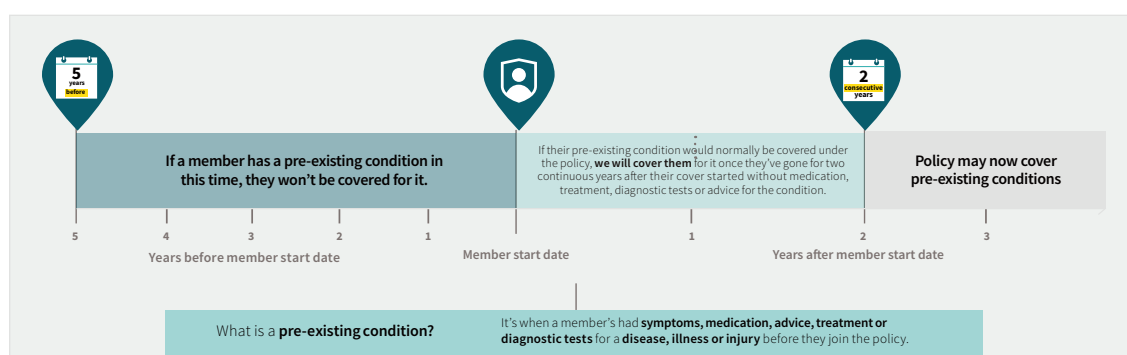
Members won't be able to claim for any condition they had during the five years before their cover started. If their condition would normally be covered under the policy, they may be able to claim for it later. However, for this to happen, they must have gone for two continuous years after their start date without any medication, treatment, diagnostic tests or advice for that condition.

Continued moratorium underwriting

If you're transferring from an existing policy that was underwritten on a moratorium basis, we apply our moratorium wording with effect from each member's original moratorium start date. Medical underwriting options may depend on the size of the scheme. Please contact your usual healthcare sales consultant or financial adviser for more information.

Medical history disregarded

If you're taking out a policy for the first time or switching from another insurer, we will cover any pre-existing conditions of members providing they fall within the terms and conditions of the new policy.



How moratorium underwriting works

Types of contracts

Our Account Managers can help you choose your benefits.

Fully insured

- ✓ A claims fund is set for the contract year, so you'll know exactly how much you'll pay.
- ✓ No additional premium will be payable (except for membership changes).
- ✓ We'll be liable for claims in excess of the claims fund.

Cost plus

- ✓ A claims fund is set with a stop loss attachment point – you'll be liable for any claims up to this point and we'll be liable for any claims in excess of it.
- ✓ If the total claims for the contract year (including any adjustments for membership changes) are less than the claims fund, we'll reimburse you the value of the unused fund.

Trust

- ✓ You may choose to fund your company's private healthcare by a Healthcare Trust.
- ✓ This isn't an insurance contract and attracts funding benefits – you wouldn't have to pay any Insurance Premium Tax.
- ✓ Aviva offers a comprehensive Healthcare Trust service.
- ✓ We can provide Stop Loss Insurance to protect the liability of the company by absorbing the exposure to costs above a certain level.
- ✓ A Healthcare Trust gives employers more control over the type of healthcare benefits provided as the business can set the rules of the trust. Please note, tax rules are subject to change.
- ✓ Trust Registration. There may be an action to register your healthcare trust with HMRC. Registration is the trustee's responsibility. You can find more information about the Trust Registration Service on the Government website. If you're unsure about what you need to do, you should speak to a legal or financial adviser.

Corporate Excess

- ✓ An insured funding option for Optimum customers, which reduces the amount of insurance premium tax.

Frequently asked questions

How long does my policy last?

Your private health insurance policy is a one-year contract. We'll send you your renewal documents before your policy continues into another year. You should review this information to make sure the cover/policy remains suitable for your needs.

Can I cancel my policy?

The policyholder can cancel the policy. If this happens, we won't pay any further claims. If you don't pay premiums when they are due, we'll cancel the policy and all entitlement to benefits will end.

What happens if an employee leaves?

If an employee leaves your company, they will also leave your Optimum policy. We offer them the opportunity to take out an individual UK policy. We'll supply details of this to the group administrator when we issue the policy.

As Optimum offers a complete bespoke service, any questions you have are likely to be specific to your scheme and circumstances. Please speak to your adviser or your usual Aviva contact.

If members have any questions, they should contact their group administrator or call the Aviva customer service helpline – the number will be in their member documentation.

Further information

How to complain

Our aim is to provide a first-class standard of service to our customers, and to do everything we can to ensure you are satisfied. However, if you ever feel we've fallen short of this standard and you've cause to make a complaint, please let us know.

Our contact details are:

Aviva Health UK Ltd
Complaints Department
PO Box 540
Eastleigh, SO50 0ET



0800 051 7501 We may monitor and/or record calls.



hcqs@aviva.com

We've every reason to believe that you'll be totally satisfied with your Aviva policy, and with our service. It's very rare that matters can't be resolved amicably. However, if you're still unhappy with the outcome after we've investigated it for you and you feel that there's additional information that should be considered, you should let us have that information as soon as possible so that we can review it.

If you disagree with our response or if we haven't replied within eight weeks, you may be able to take your case to the Financial Ombudsman Service to investigate.

Their contact details are:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR



0300 123 9123 or **0800 023 4567**



complaint.info@financial-ombudsman.org.uk



financial-ombudsman.org.uk

Please note that the Financial Ombudsman Service will only consider your complaint if you've given us the opportunity to resolve the matter first. Making a complaint to the Ombudsman won't affect your legal rights.

Further information continued

Financial Services Compensation Scheme

We're members of the Financial Services Compensation Scheme. You may be entitled to compensation from this scheme if we can't meet our obligations, depending on the type of insurance and the circumstances of your claim.



Further information is available from the website: fscs.org.uk.

Our regulators

We're authorised and regulated by the Financial Conduct Authority:

The Financial Conduct Authority
12 Endeavour Square
London
E20 1JN

The Financial Conduct Authority is an independent watchdog that regulates financial services.

Law

This contract is governed by and shall be construed in accordance with English law and shall be subject to the exclusive jurisdiction of the courts of England and Wales.

If we decide to waive any term or condition of this policy, we may still rely on that term or condition at a later time.

All documents or letters relating to this policy will be written in English. We'll always speak to you in English.

What's next?

It's time to find out just how flexible Optimum is, and how this product could help you provide quality employee healthcare cover tailored to suit your business perfectly.

For more information, you could visit our website or email us. But we'd like you to call our healthcare sales consultants or speak to your usual financial adviser, so we can start shaping a policy to suit your needs.

We can:

- ✓ prepare an initial policy specification based on the benefits you'd like to include
- ✓ discuss underwriting and your available options
- ✓ take you through the application process, which should be easy and stress-free.

Welcome to Aviva

| Choosing your cover

| What's included?

| **Added value services and further options**

Contact us

To speak with us directly:

0800 0014 272


hcnd@aviva.com


aviva.co.uk/business/health

If you are deaf or hard of hearing and have a textphone, you may call us free of charge via BT Typetalk on **0800 959 598**. We may monitor and/or record calls to and from Aviva.

Need this in a different format?

Please get in touch if you would prefer this brochure (**GEN4775**), in large print, braille or as audio.

 0800 051 7501

 contactus@aviva.com

 aviva.co.uk

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